

Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

At No. A. 457

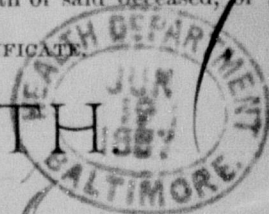
Office of Registrar of Vital Statistics.

Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH



Date of Death, June 17<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Eduard L. Burkmar

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 32 Years, 8 Months, ✓ Days.

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } Single

Occupation, Laborer in Iron Works

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Pennsylvania

Duration of Residence in the City of Baltimore, 26 years

Place of Death, { Give Street and Number. } 1339 Full St

Cause of Death, { First (Primary), Second (Immediate). } Bright Disease of Kidney  
Nephritis & Debility

Duration of Last Sickness, weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, June 20 1887

Undertaker, B. Harle

Place of Business, 115 West St

E. W. James M. D.  
Medical Attendant

Address, 1223 1/2 Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is respectfully invited to the remarks below, and to make of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No.

A 452

Office of Registrar of Vital Statistics.

Ward

17<sup>2</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH

Date of Death,

June 18

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.}

Hennetta Royd

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 75 - Years,

Months,

Days.

Color, Red

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Wid.

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

16 - Yrs

Place of Death, {Give Street and Number.}

1170 Clarkson al

Cause of Death, {First (Primary),}

Gastroenteritis

{Second (Immediate),}

Apnea

Duration of Last Sickness,

3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Grove

Date of Burial, June 19<sup>th</sup> 1917

{Undertaker, S. H. + Henry

R. H. Ellis

M. D.

{Place of Business, 466 Cross

Address,

215 E. 1<sup>st</sup> St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]



The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 453 Office of Registrar of Vital Statistics. Ward 16<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 18<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary J. Norton

Sex, Male or Female, { Cross out the word not required in this line. }

Age, — Years, 10 Months, — Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, { Give Street and Number. } 531. Columbia Ave

Cause of Death, { First (Primary), Second (Immediate), } Cholera Infantum

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, St Peter's Cemetery

Date of Burial, June 19 1887

Undertaker, B Harle Edw. S. Nicholson M. D. Medical Attendant.

Place of Business, 115 West St. Address, 707 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is respectfully directed to the fact that this Certificate is not valid unless it is signed by the Physician who attended the deceased in his last illness, and is presented to the Registrar of Vital Statistics within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

# Health Department, City of Baltimore.

Permit No. A-454 Office of Registrar of Vital Statistics. Ward 3<sup>rd</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 17<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jno. Moncus

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 62 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } married

Occupation, Stevadore

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 33 years

Place of Death, { Give Street and Number. } 29 S. Regester St.

Cause of Death, { First (Primary), Second (Immediate), } Disease of Mitral & Aortic valves

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus cem

Date of Burial, June the 20<sup>th</sup> 1887

{ Undertaker, } W. Blothorn & Co.

{ Place of Business, } 107 E. Lombard Address, 1727 E. Walto. St.

J. B. Dausch M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No.

453

Office of Registrar of Vital Statistics.

Ward

12

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Sunday June 19<sup>th</sup> 89.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.}

No name (Alf. Stanley & Alberta Stanley) male

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, Months, 9 Days.

Color, *red*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, *✓*

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Baltimore

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.}

516 Boston St

Cause of Death, {First (Primary), Second (Immediate),}

Insufficiency of heart -  
Inanition

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *Shanley Cemetery*

Date of Burial, June 20 89

Undertaker, *Alf. Stanley*

*Ed. Stroh*

M. D.

Place of Business, *541 Orchard St*

Address, *Park Ave. St. Paul, Minn.*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



THE SPECIAL ATTENTION OF PHYSICIANS IS RESPECTFULLY DRAWN TO THE REQUIREMENTS BELOW, AND TO LIST OF DISEASES ON BACK OF THIS CERTIFICATE.

# Health Department, City of Baltimore.

Permit No. A 456 Office of Registrar of Vital Statistics. Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 18, 1887

Full Name of Deceased, Sarah Rivera Mullikin {Write legibly and spell correctly. If an Infant not named, give names of parents.}

Sex, Male ~~Female~~, {Cross out the word not required in this line.}

Age, 4 Years, 4 Months, — Days.

Color, white

Married, Single, Widow or Widower, Single {Cross out the words not required in this line.}

Occupation, —

Birth Place, Balto {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, 1604 Single St. {Give Street and Number.}

Cause of Death, Marasmus {First (Primary),  
asthenia {Second (Immediate),  
3 months

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Methodist Cem.

Date of Burial, June 20th

{ Undertaker, W. Dippel } John T. King M. D. Medical Attendant.

{ Place of Business, 330 S. Bond } Address, 646 N. Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No.

A 457

Office of Registrar of Vital Statistics.

Ward

3

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

June 20th, 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

John Bauer

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

3 Years,

5 Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

City Since Birth

Place of Death,

{ Give Street and Number. }

1601 Bethel Court

Cause of Death,

{ First (Primary),

Second (Immediate),

Scarlet Fever

Duration of Last Sickness,

3 wks.

All the above information should be furnished by the Physician.

Place of Burial,

Holy Redeemer

Date of Burial,

June 20th

{ Undertaker,

W. Cippel

John H. Rehberger

M. D.

Medical Attendant.

{ Place of Business,

330 S Bond

Address, 1709 Aliceanna

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 458 Office of Registrar Wm. B. Davis Vital Statistics. Ward 6 11 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 19th. 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mathew Jacob Miller,

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 4 Years, 9 Months, 6 Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, +

Birth Place, { State or country, and how long in the United States, if of foreign birth. } City.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 122 N. Maderia Alley,

Cause of Death, { First (Primary), Second (Immediate), } Cholera Infantum.

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemers Cem.

Date of Burial, June 20th

{ Undertaker, H. Lippel } A. V. Goswiler M. D.

{ Place of Business, 330 S. Bond St. Address, 233 S. Ann St. } Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

## Health Department, City of Baltimore.

Permit No. **A 459**

Office of Registrar of Vital Statistics.

Ward **6**

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, **June 19<sup>th</sup> 1887.**

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } **Ferdinand F Miller**

Sex, Male or Female, { Cross out the word not required in this line. } **Male.**

Age, **+** Years, **9** Months, **6** Days

Color, **White.**

Married, Single, Widow or Widower, { Cross out the words not required in this line. } **+**

Occupation, **+**

Birth Place, { State or country, and how long in the United States, if of foreign birth. } **City-**

Duration of Residence in the City of Baltimore, **Lifetime**

Place of Death, { Give Street and Number. } **122 N. Madison Alley,**

Cause of Death, { First (Primary), Second (Immediate), } **Cholera Inf. +**

Duration of Last Sickness, **3 days.**

All the above information should be furnished by the Physician.

Place of Burial, **Holy Redeemer Cem.**

Date of Burial, **June 20<sup>th</sup>**

Undertaker, **W. L. Lippel**

Place of Business, **330 S. Bond**

**A. V. Fowler** M. D.  
Medical Attendant.

Address, **233 S Ann St.**

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No.

A 460

Office of

Registrar of Vital Statistics.

Ward

11<sup>a</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death,

June 19<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mary S. Tyson

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 83 Years, 3 Months, 17 Days.

Color,

White

~~Married~~, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Wife

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Prince George's County

Duration of Residence in the City of Baltimore,

29 years

Place of Death, { Give Street and Number. }

953 Madison Ave

Cause of Death, { First (Primary), Second (Immediate), }

Old age

Peritonitis

Duration of Last Sickness,

9 days

All the above information should be furnished by the Physician.

Place of Burial,

Friends Ground

Date of Burial,

June 21<sup>st</sup> 1887

Elias C Price M. D.

{ Undertaker, Stewart & Mowen

Medical Attendant.

{ Place of Business, 2157 Park Ave

Address, 953 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]